Revised December 1974

14080

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

227-009730

PRODUCER OF WASTE (Must be filled by producer)

Name: Douglas Air Craft (PRINT OR TYPE) CODE NO.

Pick up Address: 1611 Normandie (NUMBER) (STREET) Torrance (CITY)

Telephone Number: (____) ____ P.O. or Contract No.: S4S16095CH

Order Placed By: Same Date: ____

Type of Process which Produced Wastes: Air Craft Mfg CODE NO.

(Examples: metal plating, equipment cleaning, oil drilling – wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☒ Mud and water
15. ☐ Brine

☒ Other (Specify) Bio Degradable Machine Coolant CODE NO.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1. Sol Coolant		4	X	
2. Water	96		X	
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH 2 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other ____ (SPECIFY)

Containers: ____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other ____ (SPECIFY)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other ____ (SPECIFY)

Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

S Nagaitano
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

OIL PROCESS CO. 86-700-79-0038 CODE NO.
5756 Alba Street, Los Angeles, California 90058
Phone: (213) 585-5063

Pick Up: 5-25-79 (DATE) Time: ____ ☐am ☐pm

State Liquid Waste Hauler's Registration No. (if applicable): 227

Job No. 8437 No. of Loads or Trips: 1 Unit No. 10

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other ____ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

W. G. Wiatt
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): [signature] CODE NO.

Site Address: ____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): ____ State fee (if any): ____

Handling Method(s):

☐ recovery

☐ treatment (specify): ____ (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify): ____ CODE NO.

If waste is held for disposal elsewhere specify final location: ____

Disposal Date: 5/25/79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name ____

DISPOSAL STATE COPY

BOE-C6-0119905